05/13/2008

PAGE 05/22

MAY 1 3 2008
PTO/SB/22 (10-07)
Approved for use through 10/31/2007. OMB 0651-0031
U.S. Petert and Trademark Office; U.S. DEPARTMENT OF COMMERCE pond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Options	al)				
FY 2006	19546.0034	·				
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/728,938	Filed December 8,	2003				
For FRAME TRANSMISSION METHOD						
Art Unit 2619	Examiner S. Rivas					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for fi application.						
The requested extension and fee are as follows (check time period desired and ent	er the appropriate ree below	<sup>');</sup>				
Fee One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee \$60	\$				
Two months (37 CFR 1.17(a)(2)) \$460	\$230	\$				
∑ Three months (37 CFR 1.17(a)(3)) \$1050	\$525	\$ <u>1050</u>				
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	\$				
Five months (37 CFR 1.17(e)(5)) \$2230	\$1115	\$				
			·			
Applicant claims small entity status. See 37 CFR 1.27.	05/14/2008 PCHOMP 08	000048 504545   10728	3938			
A check in the amount of the fee is enclosed.	01 FC:1253 1050.	00 DA				
Payment by credit card. Form PTO-2038 is attached.		· ·				
☐ The Director has already been authorized to charge fees in this appli	cation to a Deposit Acco	unt.				
☐ The Director is hereby authorized to charge any fees which may be r	equired, or credit any ov	erpayment, to				
Deposit Account Number <u>50-4545, Order No. 19548.0034</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
attorney or agent of record. Registration Number	<u>58.572</u>					
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34.						
Sid Parcet	May 13, 2008	j ·				
Signature	Date					
Siddhesh V. Pandit	(202) 403-2104					
Typed or printed name Telephone Number						
NOTE: Signatures of all the Inventors or assigness of record of the entire Interest or their representation one signature is required, see below.	escribitive(s) are required. Sub	10728938				

This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

DECLIECE FOR BURGING THE RESERVE							
REQUEST FOR PATENT FEE REFUND							
1 Date of Request: UID D 8 2 Serial/Patent # 10728938							
3 Please refund the following fee(s):		4 PAPER 5 DATE NUMBER FILE		5 DATE FILED	6 AMOUNT		
	Filing				\$		
/	/ Amendment				\$		
	Extension of Time		_	5 13 08	\$ 1050.00		
	Notice of Appeal/Appeal			, , , , , , , , , , , , , , , , , , ,	\$		
	Petition				\$		
	Issue				\$		
	Cert of Correction/Terminal Disc.				\$ '		
	Maintenance				\$		
VE.	Assignment				\$		
	Other				\$		
		7 TOTAL AMOUNT S 1050.00		\$ 1050.00			
		8 TO BE REFUNDED BY:					
10 REASON:		/ Treasury Check					
	Overpayment	$\overline{}$	C	redit Depo	osit A/C: #:		
,	Duplicate Payment		9 5	504	5 4 5		
√ No Fee Due (Explanation):							
					1.		
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: Llana Wall TITLE: PLISERY.							
SIGNATURE: Naly PHONE: 23200							
OFFICE:							
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: KATA DATE: 6/11/08							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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